

New Jersey Department of Health and Senior Services  
Office of Emergency Medical Services

**Mobility Assistance Vehicle and Ambulance Service PROVIDERS**  
**Application for CHANGE of Trade Name, Address, Contact Person or Telephone Number**  
**(With No Change of Ownership)**

***NOTE: Read ALL of these instructions before filling out the application form.***

This application is used only for currently licensed Mobility Assistance Vehicle Service providers. Do not use this form if there will be any change of ownership.

For your application to be processed, you must:

- Answer all the questions;
- Sign the certification at the bottom of the application;
- If you are changing your Trade Name, submit a certified check or money order in the amount of \$250.00 payable to "Treasurer, State of New Jersey" (Government agencies do not pay the fees);
- Add extra pages (as necessary) to completely answer any of the questions.

Send all of the above to:

New Jersey Department of Health and Senior Services  
Office of Emergency Medical Services  
PO Box 360  
Trenton, New Jersey 08625-0360

**Question 1-** Trade Name of Service (or Corporation Name, if different from trade name) - The exact name the public sees on vehicles, billing invoices, advertisements, and patient records.

**Question 2-** New Trade Name of Service - Leave this area blank if you are only changing you address, contact person or telephone number. Give the new name if you are applying for a change of name.

**Question 3-** Reason (s) for application – check all boxes that apply.

**Question 4-** Physical Address of Main Office – Physical Address - The main address (principal place of business) where the company operates from and patient medical records, staff training records, etc are kept. This cannot be a PO Box or mail drop.

**Question 5-** Mailing Address (If Different from Main Office) - If mail is not received at the physical address, please insert mailing address. This can be a PO Box or a mail drop.

**Question 6-** Name of Contact Person - The administrator of the agency. This person has the authority to make decisions on behalf of the agency and is usually an officer or owner of the agency. It is the person who will get mail from OEMS and will be available by phone during the day. List all appropriate information.

**Question 7-** Corporate Name and Address (if Different than Trade Name) - Leave this area blank if you are not incorporated, or if your corporate name is exactly the same as your trade name. Give your corporate name and address, if different.

**Question 8** – Additional Vehicle Storage Address – Check "**No**" if all your vehicles are stored at your main office address. Check "**Yes**" if your vehicles are stored elsewhere and give all addresses. Use additional pages, if necessary.

**Question 9** – Additional Office Locations - Check "**Yes**" if you have additional office locations and give all addresses. Use additional pages, if necessary.

**Certification** – Carefully read the three statements and fill in each of the boxes below.